

## Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

### Fees

**IVIPS contract fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

**Bulk records contract fees:** There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

|  |  |  |  |
|--|--|--|--|
| <b>1</b> Method of access you are requesting   |  |  |  |
| <input checked="" type="checkbox"/> <b>IVIPS (Individual record inquiries)</b> Current IVIPS number, if applicable _____<br><input type="checkbox"/> Bulk vehicle/vessel records ( <i>Batch process</i> ) Frequency ( <i>check one</i> ): <input type="checkbox"/> One time <input type="checkbox"/> Periodic <input type="checkbox"/> Regular   |  |  |  |
| PRINT or TYPE Company/Agency name<br><b>First American Title</b>   |  |  |  |
| Contract contact/manager ( <i>IVIPS and Bulk records accounts</i> )<br><b>Kari Jacobs</b>  |  | Signing Authority name ( <i>Bulk records accounts only</i> )   |  |
| (Area code) Phone number<br><b>(253) 850-5230</b>  | Email ( <i>required for IVIPS and Bulk records</i> )<br><b>rmajor@firstam.com</b>  | (Area code) Phone number   | Email ( <i>required for Bulk records</i> ) |
| Physical address of business ( <i>Number and street, City, State, ZIP code</i> )<br><b>24722 104th AVE SE #100 Kent, WA 98030</b>  |  |  |  |
| Mailing address of business, if different ( <i>Address or PO Box, City, State, ZIP code</i> )  |  |  |  |
| Provide <b>one</b> of these identifiers:   | Taxpayer Identification Number (TIN)   | Employer Identification Number (EIN)   | WA Unified Business Identifier (UBI)       |
| <b>2</b> Provide a detailed explanation of your primary business activity (exactly what your business does).<br><br><b>Close Mobile Home Sales</b>   |  |  |  |
| <b>3</b> Check all that apply to you and/or your business  |  |  |  |
| <input type="checkbox"/> Attorney<br><input type="checkbox"/> Auction<br><input type="checkbox"/> Auto manufacturer or agent<br><input type="checkbox"/> Bail bonds<br><input type="checkbox"/> Bank or financing firm<br><input type="checkbox"/> Business<br><input type="checkbox"/> Commercial parking company<br><input type="checkbox"/> Credit union<br><input type="checkbox"/> Data broker/Reseller<br><input type="checkbox"/> Debt recovery/Collection<br><input type="checkbox"/> Employer/Prospective employer<br><input type="checkbox"/> Government<br><input type="checkbox"/> Guardianship/Trustee service<br><input type="checkbox"/> Homeowner association<br><input type="checkbox"/> Hospital<br><input type="checkbox"/> Hulk hauler<br><input type="checkbox"/> Insurance company/agent | <input type="checkbox"/> Lien service<br><input type="checkbox"/> Marina<br><input type="checkbox"/> Neighborhood block watch<br><input type="checkbox"/> Newspaper or media<br><input type="checkbox"/> Non-profit organization<br><input type="checkbox"/> Parking enforcement<br><input type="checkbox"/> Private investigator<br><input type="checkbox"/> Process server<br><input type="checkbox"/> Property mgmt. - Government<br><input type="checkbox"/> Property mgmt. - Private<br><input type="checkbox"/> Repossession service<br><input type="checkbox"/> Retail/Store<br><input type="checkbox"/> School - Private<br><input type="checkbox"/> School - Public<br><input type="checkbox"/> Scrap processor or wrecker<br><input type="checkbox"/> Security services - Government<br><input type="checkbox"/> Security services - Private | <input type="checkbox"/> Service bureau for another business<br>Provide business name: _____<br><input type="checkbox"/> Storage facility<br><input checked="" type="checkbox"/> Title/Escrow<br><input type="checkbox"/> Toll facility<br><input type="checkbox"/> Towing company<br><input type="checkbox"/> Transporter<br><input type="checkbox"/> Union (non-profit)<br><input type="checkbox"/> Vehicle/Vessel dealer<br><input type="checkbox"/> I represent a business that will provide information to another party<br>Provide business names: _____<br><input type="checkbox"/> Other (explain) _____ |  |

**4** Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

I need to verify the owner of the Mobile Home when the seller is selling and has lost the Title.

**5** Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

**6** Owner contact

Will you contact the vehicle/vessel owner? ..... ☒ Yes ☐ No

*Unsolicited business contact for commercial purposes is strictly prohibited.*

If yes, why will you contact the owner and how will you contact them?

I will work with them to handle the transferring of the Mobile home to the new buyer.

**7** Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☒ Yes ☐ No

2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☒ Yes ☐ No

3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☒ Yes ☐ No

**8** Check all that apply

- ☐ I represent a government agency. Agency name: \_\_\_\_\_  
Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ..... ☐ Yes ☐ No
- ☒ I represent a Washington State business. Attach legible copies of:
- your current business license
  - any/all professional licenses that you possess
- ☐ I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
  - a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).
- ☐ I am a process server. Attach legible copies of:
- your current business license
  - any/all professional licenses that you possess
  - registration for county jurisdictions
- ☐ I represent a non-profit organization or corporation.
1. Attach a legible copy of one of the following:
    - Your Articles of Incorporation, filed with the Secretary of State
    - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
    - Other documents reviewed and approved by the Department of Licensing Public Records Officer
  2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
- ☐ I represent a data broker/reseller – attach a legible copy of your current business license.  
IVIPS applicants must also include:
- subscriber roster (provided on page 4)
  - subscriber agreements
- ☐ I am an attorney.\* Attach legible copies of:
- your current business license
  - your current bar card
- ☐ I am a private investigator.\* Attach legible copies of:
- your current Private Investigator license
  - your current business license

**\*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635**

**Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640**

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

Date and place (county) signed

9/15/16 Kent, WA

Title

X  
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725  
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

**Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)**

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

**NOTE:** When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <https://fortress.wa.gov/dol/ivipsprod/>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

|          |   |                              |   |                               |
|----------|---|------------------------------|---|-------------------------------|
| <b>1</b> | Legal business name<br>First American Title Company   | Contact name<br>Rachel Major | Email<br>rmajor@firstam.com   | Telephone #<br>(253) 850-5239 |
|          | Address, City, State, ZIP code<br>24722 104th Ave SE #100 Kent, WA 98030  |                              | Subscriber's permissible use<br>To confirm the Legal/Registered owner on the Title of the Mobile Home |                               |
|          | Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                              |   |                               |
| <b>2</b> | Legal business name   | Contact name                 | Email   | Telephone #                   |
|          | Address, City, State, ZIP code  |                              | Subscriber's permissible use  |                               |
|          | Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No            |                              |   |                               |
| <b>3</b> | Legal business name   | Contact name                 | Email   | Telephone #                   |
|          | Address, City, State, ZIP code  |                              | Subscriber's permissible use  |                               |
|          | Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No            |                              |   |                               |
| <b>4</b> | Legal business name   | Contact name                 | Email   | Telephone #                   |
|          | Address, City, State, ZIP code  |                              | Subscriber's permissible use  |                               |
|          | Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No            |                              |   |                               |
| <b>5</b> | Legal business name   | Contact name                 | Email   | Telephone #                   |
|          | Address, City, State, ZIP code  |                              | Subscriber's permissible use  |                               |
|          | Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No            |                              |   |                               |
| <b>6</b> | Legal business name   | Contact name                 | Email   | Telephone #                   |
|          | Address, City, State, ZIP code  |                              | Subscriber's permissible use  |                               |
|          | Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No            |                              |   |                               |
| <b>7</b> | Legal business name   | Contact name                 | Email   | Telephone #                   |
|          | Address, City, State, ZIP code  |                              | Subscriber's permissible use  |                               |
|          | Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No            |                              |   |                               |

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



**City of Kent  
Business License**

FIRST AMERICAN TITLE INSURANCE CO  
ATTN: SHARON UNDERHILL  
9000 E PIMA CENTER PKWY  
SCOTTSDALE, AZ 85258

*Please tear at perforation*



**BUSINESS LICENSE**  
**LICENSE MUST BE RENEWED ANNUALLY BY**  
**JANUARY 31 TO AVOID PENALTY**

Issuance of License Does Not Imply Licensee's  
Compliance with State and Local Laws

Per RCW 82.14 local sales  
and use tax must be coded  
No. 1715 for all qualified  
sales within the city of  
Kent.

**THIS LICENSE MUST BE POSTED IN A CONSPICUOUS  
PLACE. NOT TRANSFERABLE OR ASSIGNABLE**

**NAME AND ADDRESS OF BUSINESS**

BLC-2100096  
FIRST AMERICA TITLE INSURANCE CO  
24722 104 AVE SE #100  
KENT, WA 98030

Year : 2016

MAYOR

**The City of Kent**

At 220 4TH AVE SO  
KENT, WASHINGTON 98032



STATE OF  
WASHINGTON

# BUSINESS LICENSE

Unified Business ID #: 600 213 895  
Business ID #: 1  
Location: 39

THE FIRST AMERICAN CORPORATION  
FIRST AMERICAN TITLE INSURANCE COMPANY  
24722 104TH AVE SE STE 100  
KENT WA 98030 5322

TAX REGISTRATION (600 688 453)  
INDUSTRIAL INSURANCE  
UNEMPLOYMENT INSURANCE

**LICENSING RESTRICTIONS:**

Not licensed to hire minors without a Minor Work Permit.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

STATE OF WASHINGTON

EXPIRATION DATE

895 1 39

AMERICAN CORPORATION  
AMERICAN TITLE INSURANCE COMPANY

24722 104TH AVE SE STE 100  
KENT WA 98030 5322

TAX REGISTRATION (600 688 453)  
INDUSTRIAL INSURANCE  
UNEMPLOYMENT INSURANCE

  
Director, Department of Revenue

THIS SECTION FOR YOUR WALLET